

TITLE COMPANIES

COMPANY NAME: _____

Contact: _____

REQUIRED FILINGS IN THE STATE OF: _____

ARIZONA

NAIC Company Code: _____

Telephone: _____

Filings Made During the Year _____

2016

(1) Check- List	(2) Line #	(3) REQUIRED FILING FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE*	(7) APPLICABLE NOTES
			Domestic State	NAIC	Foreign State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½" x 14")	xxx	EO	xxx	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	xxx	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
		II. NAIC SUPPLEMENTS						
	11	Actuarial Opinion	xxx	EO	xxx	3/1	Company	
	12	Investment Risk Interrogatories	xxx	EO	xxx	4/1	NAIC	
	13	Management Discussion & Analysis	xxx	EO	xxx	4/1	Company	
	14	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	15	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	16	Supplemental Schedule of Business Written By Agency	xxx	EO	xxx	4/1	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	60	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	61	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	62	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	63	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	64	Quarterly Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	65	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	66	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	xxx	EO	N/A	6/1	Company	
	82	Audited Financial Reports	xxx	EO	xxx	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	
	84	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	
	85	Independent CPA (change)	1	N/A	N/A		Company	
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	1	N/A	N/A		Company	

TITLE COMPANIES

(1) Check- List	(2) Line #	(3) REQUIRED FILING FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE*	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
	88	Request for Exemption to File	1	N/A	N/A		Company	
	89	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	
	90	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	
	91	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	
		V. STATE REQUIRED FILINGS***						
	101	Certificate of Disclosure Form E-178	EO	0	EO	3/1	State	O
	102	Form B, C, and F Insurance Holding Company System Registration Statement	1	0	N/A	3/31 Domestic	State	
	103	Annual Tax and Fees Report and Payment Form E-TAX	1	0	1	Filing Fees 3/1 Premium Tax 4/15 or 10/15 with a filed extension	State	C, D

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

***For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC.

Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL:

http://www.naic.org/public_lead_state_report.htm.

NOTES AND INSTRUCTIONS (A-M APPLY TO ALL FILINGS)		
A	Required Filings Contact Person:	Tony McCormack Administrative Assistant III Phone: (602) 364-3245 E-mail address: AMccormack@azinsurance.gov
B	Mailing Address:	Arizona Department of Insurance Financial Affairs Division 2910 North 44 th Street, Suite 210 Phoenix, Arizona 85018-7269

TITLE COMPANIES

C	<p>Mailing Address for Filing Fees:</p> <p>Due March 1</p>	<p>Arizona Department of Insurance Insurance Tax Unit 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018-7269</p> <p>Use appropriate form located on our Tax Forms and Instructions web page at https://insurance.az.gov/insurers/taxes and the NAIC OPT^{ins} System. YOU MAY ELECTRONICALLY FILE & PAY TAXES AND FEES VIA NAIC OPT^{ins} SYSTEM</p>
D	<p>Mailing Address for Premium Tax Payments:</p> <p>Retaliatory Tax Due Dates: 4/15 or 10/15 if you file an extension with the Arizona Department of Revenue for your corporate income tax report.</p>	<p>Arizona Department of Insurance InsuranceTax Unit 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018-7269</p> <p><u>Contact Person:</u> Susan Yepez (602) 364-3997 E-mail address: SYepez@azinsurance.gov</p> <p>Use appropriate form located on our Tax Forms and Instructions web page at https://insurance.az.gov/insurers/taxes and the NAIC OPT^{ins} System. YOU MAY ELECTRONICALLY FILE & PAY TAXES AND FEES VIA NAIC OPT^{ins} SYSTEM</p>
E	<p>Delivery Instructions:</p>	<p>All packages must bear U.S. postmark or courier pick-up date. If due date is a weekend or holiday, deadline is next business day.</p>
F	<p>Late Filings:</p> <p>License will be summarily suspended if renewal fee is not paid when due or if financial condition is unknown due to failure to file annual statement.</p>	<p>Up to \$25.00 per day – Annual Statement, Annual Fees, Actuarial Opinion, Management Discussion and Analysis or Audited Financial Report. Up to \$25.00 per day – Certificate of Disclosure Form E-178. Up to \$100.00 per day – Quarterly Statements. We use the NAIC filing date or the USPS postmark or courier pick-up date as the date filed.</p>
G	<p>Original Signatures:</p>	<p>Follow the NAIC Annual Statement Instructions.</p>
H	<p>Signature/Notarization/Certification:</p>	<p>Follow the NAIC Annual Statement Instructions.</p>
I	<p>Amended Filings:</p>	<p>Must be filed within 10 days with explanation. Signature requirements apply.</p>

TITLE COMPANIES

J	Exceptions from normal filings:	<p><u>EXEMPTIONS:</u> Annual Statement filing exemption – NONE. Audited Financial Report exemptions use NAIC Annual Statement Instructions. Must be filed at least 10 days prior to due date. Form F waiver must be filed no later than March 31. Form E-DIRCOMWAIVER.</p> <p><u>EXTENSIONS:</u> Approved for a catastrophic event only.</p> <p><u>FOREIGN:</u> Must provide a copy of an exemption/extension letter from your state of domicile.</p>
K	Bar Codes (State or NAIC)	Follow the NAIC Annual Statement Instructions.
L	Signed Jurat	Follow the NAIC Annual Statement Instructions.
M	NONE Filings:	Every page of the annual statement must be included in sequential page number order. All State forms <i>must</i> be completed or stamped <i>“None”</i> if there are no entries on the form, and returned as instructed.
N	Filings new, discontinued, or modified materially since last year:	<p>Form E-176, Form E-478/E-WCA, Form E-AFR, and Form E-MDA have been discontinued since last year.</p> <p>Certificate of Disclosure Form E-178 must be filed electronically. See note “O”.</p>
O	Certificate of Disclosure Form E-178	<p>Name the document using this format “E178-NAIC Number-Insurer Name” (e.g. E178-55555-INSURERNAME).</p> <p>E-mail completed form to financialfilings@azinsurance.gov.</p> <p><u>Incomplete certificates will not be accepted</u> and may result in statutory penalty of \$25 per day.</p>

TITLE COMPANIES

General Instructions for Companies to Use Checklist

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to be filings submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) (Checklist) Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #) Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings) Name of item or form to be filed.

The **Annual Statement Electronic Filing** includes all annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The **March .PDF Filing** is the .pdf file for the annual statement, detail for investment schedules and all supplements due March 1.

The **Supplemental Electronic Filing** includes all supplements due April 1, per the *Annual Statement Instructions*.

The **Supplemental .PDF Filing** is the .pdf file for all supplements due April 1.

The **Quarterly Electronic Filing** includes the quarterly statement data.

The **Quarterly .PDF Filing** is the .pdf for quarterly statement data.

The **June .PDF Filing** is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) (Number of Copies) Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) (Due Date) Indicates the date on which the company must file the form.

Column (6) (Form Source) This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions (generally, on its web site). If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes) This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.